

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED DEC 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

36753

Registration District No. 147

Primary Registration District No. 1002

Registrar's No. 4773

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
GENERAL HOSPITAL # 2 & 45 miles
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days, 21 hrs.
(Specify whether
In this community 65 years
years, months or days)

3. (a) PRINT FULL NAME SIMON MILLER

3. (b) If veteran, name war no 3. (c) Social Security No. 496-09-9103

4. Sex MALE 2 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced WIDOWER
6. (b) Name of husband or wife Flora 6. (c) Age of husband or wife if alive years
7. Birth date of deceased OCTOBER 15 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 1 2 hr. min.

9. Birthplace KANSAS CITY, KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation COMMON LABORER

11. Industry or business

12. Name UNKNOWN 7
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN 7
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Daughter: IDA MAE MILLER

(b) Address 2004 East 13th Street

17. (a) Burial (b) Date thereof 11/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 1212 West 1st St. St. Louis, Mo.

19. (a) 11-22-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 2
(If outside city or town limits, write "RURAL")
Street No. 1627 TRACY 5
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 17th
year 1948 hour 10:00 minute A M.

21. I hereby certify that I attended the deceased from NOVEMBER 17th
NOVEMBER 6th 1948, to 1948
that I last saw him alive on NOVEMBER 17th 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death ADENOCARCINOMA OF STOMACH WITH EXTENSION TO LIVER CAPSULE
Duration

Due to
Due to

Other conditions (Include pregnancy within 3 months of death) 4th

Major findings: Of operations

Of autopsy SAME AS ABOVE

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) E. Frank
While at work (e) means of injury Ellis
23. Signature [Signature] (D. or other)
Address 600 East 22nd St. Date signed 11/19/48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed E. Steinhilber

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., K. C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.